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Original

SOME CLINICAL FEATURES OF MEASLES.

BY FRANK S. PARSONS, M. D., BOSTON, MASS.

So common a disease as measles does not worry the average parent except when some complication intervenes or there is doubt as to the early diagnosis. It is therefore quite common for physicians to be called but once or twice to these cases, and the ability to watch them closely in private practice is thus lost. To be sure there is little to do by way of medication in the uncomplicated disease, as these cases tend to recovery, and those that are in any way alarming in the symptoms depend on the constitution of the patient or some cachexy.

Probably no disease of childhood exists of which there are more old-fashioned whims and granny notions prevalent in the minds of the laity than measles, and I am quite positive that upon no exanthematous malady is the time honored saffron

tea more lavishly bestowed. For three long, tedious days does the little sufferer endure the hot draught of that herbaceous mixture until, in the due course of events, "the measles have been driven out." How long we shall have to contend with the mythology of degenerate, bygone days is still an open question.

The incubative stage of measles is between 10 and 14 days, during a part of which time the patient does not seem well, but no particular trouble is manifest. Apparently he has "taken cold." There may be some slight cough, but generally a feeling of malaise is all that is complained of. After a time, however, there is a sharp rise in temperature, often accompanied by a convulsion in children under 2 years, or by vomiting in older children. There is also exacerbation of the cough,

which is now dry and harsh. The temperature varies in different children and different epidemics, but ranges between 101 and 103 degrees Fahr. Higher temperatures than these may be recorded, but are not so constant as in scarletina. At this period if the throat be inspected there will be presented small spots of a bronze hue similar to those which appear on the skin later in the disease. This fairly marks the beginning of the initial or first stage of measles.

After this sudden outburst of symptoms there is a stage of rest for two or three days. The fever abates nearly to normal, and the child plays about as usual. The cough keeps up an irritating hacking, however, and the throat still shows signs of affection. There is more or less swelling of the tonsils, but nothing like the angina of scarletina. About the close of the third day from the initial seizure minute spots appear along the forehead, or back of the ear, or on the cheek of the patient. These spots are somewhat elevated macules, and as they become thicker they coalesce to form crescentic patches with lines of normal skin between. The eruption rapidly extends downward over the surface of the body, so that by the end of the fourth day or beginning of the fifth it has thoroughly covered the person. Four days are the usual number during which the eruption is at its height, and after which it begins to fade in the order of its appearance. Desquamation takes place in the form of furaceous scales.

This foregoing resume of the ordinary case of measles is vivid in the mind of every physician, but personal experience differs in the observation of individual exceptions.

During a recent epidemic in Boston I was called to see a young lady of 19, suffering from fever, which was about the only symptom noted by the casual observer. She was of very light complexion, had a temperature of 103 F., no cough, no eruption observable to the eye, but a roughness of the surface of the skin, had conjunctivitis and a characteristic measles throat, i. e., the inside of the throat was studded with min-

ute dots such as are observed in ordinary cases. This patient had been ill for about a week prior to my first visit, had been dosed with the usual saffron tea in the hopes of bringing out the eruption, but all to no purpose. Subsequently another member of the same family came down with a severe case of measles confirming the diagnosis. Evidently this came as near being a case of morbilli sine exanthemate as could be well described, and yet, strange to state, this patient on recovering desquamated in a most approved and characteristic style.

During this epidemic I met with a complication of which little is said in the books and practically nothing as to its treatment. I refer to incessant vomiting during the eruptive stage. The cases under my observation in which this complication occurred were all children between 7 and 12 years of age, and all girls. I am inclined to view the phenomenon as more of a symptom than a complication; a symptom of excessive eruption probably on the lining coat of the stomach, for it must be remembered that the eruption of most of these exanthemata attacks the mucous membrane of all organs as well as the skin. In one case vomiting was so excessive as to bring quantities of blood from the stomach, and yet recovery took place. The vomiting occurred during the height of the eruption in all the cases, and subsided on the day the rash began to fade. Medication only relieved the trouble for a time, when it would reappear. Medication could only be directed toward relieving the irritation, and consisted mainly of ice, cocaine in pill form and counter irritation over the epigastrium.

One of the most dangerous complications with measles which one meets is pneumonia. This may occur at the onset of the disease and be ushered in with a convulsion, at which time it is more apt to take the form of lobar pneumonia, or it may occur during the later stages of measles about the time the eruption begins to fade, at which time it is inclined to take the lobular variety or the form of broncho-pneumonia.

Pneumonia with measles offers no

symptoms that are not observed in simple pneumonias, but the prognosis is more grave. If of the catarrhal variety, from an extension of bronchitis, which always goes with measles, dyspnea is often extreme. Lobar pneumonia in the young infant, coexisting with measles, is extremely apt to prove fatal.

About the time the eruption is fading there is usually more or less diarrhea. The discharged matter consists of desquamated epithelium and refuse from digestion. Occasionally when unusually irritating substances have been allowed in the diet enteritis may be set up, or a chronic diarrheal condition from ulceration of the mucous coat of the intestine.

There seems to be some beneficial action in darkness on the progress of the eruption. I am not prepared to state the reason for this, but in my personal observation there has appeared to be a more free rash when the patient has been confined to a dark room than when he has not.

Treatment.—The ordinary uncomplicated case of measles needs no treatment other than a mild antipyretic and diuretic. For the former I am in the habit of prescribing the following:

R—Acetaniliddr. i

Fiat. in chartulas numero xxx.

Sig.—One powder every four hours.

This gives but a small dose of the remedy, but one which I have found to fulfill every need in ordinary types of mild fever, sweating usually taking place in a few minutes (about 15). It is a free action of the skin which encourages the eruption in its due period of time. The time-honored saffron has no specific action in hastening the appearance of the rash. More good is accomplished in this respect by the hot water of the saffron tea. Neither is there any need of hastening the appearance of the eruption, for it will not in the natural course of events mature before the end of the third day, and often it is a day later. The so-called "striking in" of the eruption, which is rarely seen, but sometimes imagined, is due not to a freak of the rash, but the onset of a complication, which should be sought out and treated intelligently.

The cough in measles is often exceedingly annoying and hard to relieve, the reason for which is plain. The cough is harsh from the irritation of the throat due to the eruption more often than to the coexisting bronchitis; indeed, sometimes we cannot observe the usual rales of bronchitis where the cough is incessant, harsh and wearing on the patient. Such coughs as these are best treated with demulcent drinks, especially hot milk and small doses of paregoric. If stomatitis also exists the chlorate of potassium may be given.

There is quite as much need of attention to the free action of the kidneys in measles as in scarlet fever. This is well accomplished by the employment of the acetate or citrate of potash. I prefer the latter.

Where there is much bronchitis it is also well to loosen the secretions by the exhibition of ipecacuanha in some form. In short the treatment of the cough, the kidneys and the bronchitis may be combined under the following prescription:

R—Vini ipecacdr. i

Potass. citratisdr. iii

Tinct. opii camph.dr. i

Syrupi aurantiioz. ii

Aquaeq. s. ad. oz. iv

M. Sig.—A teaspoonful every hour for a child 2 years old.

Complications of measles require such treatment as the individual case demands. Pneumonia is best treated with mild counter irritation or poulticing and digitalis. Tonics are often required during convalescence in strumous children. A favorite one of my own is the following:

R—Ferri pyrophos.dr. ss

Tinct. gentianae comp.dr. ii

Elixir cinchonaeq. s. ad. oz. iv

M. Sig.—A teaspoonful in a little water before meals to a child 4 years old.

Cathartic medication is to be avoided in view of the tendency to diarrhea, but in the early stages much relief from constipation will be obtained if a single seidlitz powder (blue and white papers) is dissolved in half a pint of water, the fermentation allowed to settle, and a tablespoonful given to the patient every 15 minutes until an action of the bowels is obtained.

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NOTES ON SOME OF THE CLINICAL FEATURES OF TUMORS,
THEIR ANATOMICAL CHARACTERS, MORPHOLOGICAL ELE-
MENTS AND THEIR THERAPY, BY TENTATIVE, CONSTITU-
TIONAL OR RADICAL MEASURES.

BY THOMAS H. MANLEY, M. D.
NEW YORK.

TUMOR-LIKE MASSES NEAR THE
SURFACE.

Great difficulty is sometimes encountered when we attempt to draw the line between irregular adventitious or transient swellings and true neoplastic productions. This is particularly obvious in non-inflammatory, serous, purulent, sanguinous or gaseous distentions over local areas.

They are most commonly detected in the vaginal outlet of the pelvis, over the inguinal areas or broad, osseous surfaces.

In the cold abscess of tubercular ostitis, or arthritis, the secretions may follow a sinuous course a long distance from the primary source of disease, to become arrested, located and walled in by a thick, pyogenic membrane.

This may present many features of a genuine new growth, and few probably there are who have not sometime been both disappointed and humiliated by finding the supposed "tumor" dissolve out of sight when the membrane was incised and the imprisoned material gushed out.

To mistake deep fluid accumulations for new growths is by no means uncommon. The inexperienced in a doubtful case may look for the leading clinical manifestations of abscess formation, as chill, pain, rise of temperature or some positive disturbance of the general health. But there has been none. No pronounced, acute, sensible, local or general dis-

turbance. In many of these, in consequence of the extreme tension of the investing structures, fluctuation may be entirely absent; the mass has a hard feel, but may play loosely in its bed in different directions. In other rare cases deep-seated suppuration may curiously mimic malignancy. An example of this came under my care about a year ago in a widow of 35 years. She gave a history of trouble in her left breast, lancinating pains extending into the armpit, shoulder and forearm. She had a pale color, with the characteristic melancholic expression of cancer. She had visited one of our large medical institutions, where she was advised that her malady was serious and the entire breast must be amputated.

As she had matrimonial aspirations and dreaded the thought of having to part with her breast she sought further advice. By a critical examination into the history, present and antecedent, and a most painstaking exploration of the seat of trouble, I was satisfied that the lesion was benign. This conclusion was arrived at, although there was the characteristic depression of the nipple and marked enlargement of the deep axillary chain of absorbents. In order to remove all doubt a long, strong exploratory needle was introduced deeply. This revealed the nature of the lesion, which was simply purulent.

A free incision, curetting and draining ended the "cancer." She has since married and has had no further trouble.

A young man came under my care for multiple tumors over the left scapular region; one, the largest, extending into the axillary space.

The young fellow, though anemic and rather emaciated, had no pulmonary evidence of tubercle. Joint action was good, and he only came to me to have these masses treated because they were augmenting in volume and were becoming painful. Their general features rather indicated lipomata, although we seldom meet with these except in vigorous subjects.

On operating it was found that each mass was nothing more than a collection of thick inspissated pus, undergoing cheesy and calcareous changes. They were cold abscesses, each one with a long, tortuous sinus, leading far inward toward the capsule of the humero-scapular articulation. The operative incisions continued to discharge a degenerate pus, and some months later he sank from general tuberculosis.

Some time ago, among other interesting cases which I was requested to examine in the wards of my good friend, Dr. Isaac N. Quimby, of Jersey City, was a young man with a dubious swelling in the right groin. It presented the quadruple characters of inguinocele, movable, peritoneal abscess and neoplasm, or a hernia. Its history rather suggested some kind of inflammatory elements, but the abscess of local heat, a fluctuation with its indurated character and ready reducibility, pointed rather to a tumor or hernia.

In order to elucidate the puzzle presented in diagnosis in this remarkable case I was permitted to make a dissection into the mass, when it turned out to be a dermoid undergoing central suppurative changes.

In my service in the Ninety-ninth Street Hospital the case of a young woman came with a large cervical tumor, which seemed to rise out of the thorax in the anterior mediastinal space. It came up in close con-

tact with the trachea on the left side. This it displaced somewhat and impeded respiration. She stated that it came on suddenly in labor two months before; at one time would greatly augment in volume and then again would undergo marked diminution.

As the surface areas over the swelling were markedly sensitive, and as she was highly hysterical, anything like a complete examination was impossible without an anesthetic.

It was observed, in the second stage of anesthesia—ether—that the mass greatly enlarged, and with the palm of the hand lying over it a distinct impulse was felt simultaneously with such expiration. It was now quite evident that we had a tracheocele to deal with. Through violent expulsive efforts of parturition it was evident that a rupture of the trachea had occurred.

On division of the tissues over the greatest prominence of the mass a hollow cavity was exposed. Through this a faint hissing sound could be heard as the gases passed up the trachea. The walls of the cavity were lined with a creamy exudate. With a curette this was cleared away, when the hiatus was tamponed with iodoform gauze. Healing was rather slow, but finally complete.

All of the above unusual tumor-like cases derive their special interest from the diagnostic standpoint. One may well be guarded and reserved in expressing an opinion on their character or probable progress.

In fact, a precise knowledge of them is quite impossible without an exploratory incision or puncture. Under proper precautions these procedures are justifiable in all peripheral masses, although always, unless there are special reasons for withholding them, one should be ready to proceed with operative measures for relief or cure.

It should be remembered that there are tumors and tumors, and that not an insignificant number of local enlargements are no tumors at all in the strict pathological sense, as we will learn when the mor-

phology of true neoplasms is taken up. In closing this chapter the writer would impress on especially the young practitioners the importance of the diagnostic element in

oncology; for, though operative skill is indispensable to the surgeon, precision in the differentiation of new formations stands well in the forefront with it.



Society Reports.

NEW YORK ACADEMY OF MEDICINE.

SECTION IN ORTHOPEDIC SURGERY—MEETING OF MAY 21, 1897.

DISLOCATION OF THE PERONEUS LONGUS AND PERONEUS BREVIS.

Dr. W. R. Townsend presented a young man of 20 years of age whose peroneal tendons were easily dislocated to the front of the malleolus. The right foot had been affected in this way for many years, the left only for the past seven months. On walking and on rising from a chair the tendons would slip over the malleolus and cause considerable disability till they were replaced by the hand. The boy did not have much pain, but he was easily fatigued. Dr. Townsend had hastily reviewed the literature on the subject. Dr. L. A. Sayre reported a case in 1870. In 1876 Dr. Beach, of Boston, reported 18 cases, including one of his own. Gillett de Grandcourt reported ten cases in 1878. Treves said it was caused by sudden and violent contraction of the muscles when the limb is in such a position as to favor displacement and that it may be treated by pads and pressure, and that in some cases it was advisable to replace the tendons and retain them by suturing the torn edges of the sheath.

Dr. R. Whitman suggested deepening the channel, replacing the tendons in the groove in the bone and giving them a new covering of periosteum or fibrous tissue. This might be possible without removing the sheath.

Dr. A. B. Judson said that the peronei were comparatively small and unimportant muscles. To a

slight degree they assisted the muscles of the calf to extend the foot on the leg. Aside from this their function was to evert the sole of the foot and this function was not seriously impaired by displacement of the tendons to the front of the malleolus. He thought that the patient would get no benefit from an operation, and that practically no treatment was needed.

Dr. Whitman said that the discomfort caused by the slipping of the tendons must be considerable and that the boy would be better off if this could be stopped.

Dr. Townsend said that the patient had recognized the disability and had come on account of it, and he did not think it was fair to tell him that we could do nothing for him without trying. He thought an attempt should be made to prevent the slipping of the tendons by the application of pads and pressure before an operation was decided on.

A CASE OF TRAUMATIC SPINE WITH RECTAL AND VESICAL PARALYSIS.

Dr. J. P. Fiske presented a patient, a man 33 years of age, who had been under treatment for 14 months, and under observation 34 months, from the time of the injury. When first seen he was in a condition of complete helplessness. He could not move in bed, and if turned or moved by his attendants he suffered the greatest pain. Urine was constantly flowing and he was not conscious of the passage of feces. Recovery had been complete with control of

the sphincters. He was now walking without assistance and had returned to his work. The accident had been attended with great violence. While working as a harness maker the boards gave way under him as he was carrying a heavy load, and his right leg went through a hole in the floor. The spine was forcibly flexed and he became unconscious. The twentieth day after the injury rigidity of the spine and muscular spasm were marked. There were complete paralysis from the waist down as regards voluntary motion, incontinence of urine and feces, and pain in the dorso-lumbar region, aggravated by the slightest motion. Crepitus and spinal deformity were absent. The diagnosis was severe traumatism of the spine, concussion of the cord, more or less complete rupture of the ligaments and possibly partial dislocation of one of the lumbar vertebrae, with spontaneous reduction. He was at once encased in plaster of Paris from the axillae down to and including the pelvis, with immediate considerable relief. The plaster jacket was renewed when necessary and was worn day and night for ten months. This treatment, with massage, frequent change of position, alcohol baths and such medication as was required by his poor general condition and the vesical symptoms, was attended by gradual recovery. There were no bed sores. At the end of four months he sat up in bed and was lifted into a steamer chair. In seven months he had regained control of his rectum and could walk a short distance with crutches. From this time his recovery was more rapid. The incontinence of urine persisted longer than the other symptoms, but ceased after a time, and for the past 12 months he had been a perfectly well man. This case showed clearly the immediate and permanent relief which followed absolute fixation after severe spinal injury. Patients treated without persistent fixation were liable to be constantly troubled with pain in the back and legs and to present the symptoms of railway spine. Dr. Fiske added that these cases were often considered hopeless. He had presented the pa-

tient as an example of what continued fixation and supporting treatment would accomplish.

AN ISCHIATIC CRUTCH USED IN PLACE OF AN ARTIFICIAL LIMB.

Dr. A. B. Judson presented a boy 9 years of age, who was wearing an ischiatic crutch instead of axillary crutches or an artificial limb. Amputation had been performed below the knee after a railroad accident. The case illustrated the comfort and ability which this apparatus was able to secure in the treatment of these affections of the lower extremity which require that the weight of the body be removed from the affected limb. This use of the skeleton of the pelvis was not a new thing. Ischiatic support was a feature of Dr. Fayette Taylor's hip-splint described in 1867. In fact the long hip splint was an ischiatic crutch with the added function of traction. In the instrument shown the crutch consisted of an upright steel piece adjustable in length, to meet the growth of the patient, with an India rubber crutch tip at the foot and a semi-circular pelvic band, carrying a single perineal strap. It also had a shoulder strap which transferred the weight of the splint to the opposite shoulder, a steel knee piece, restraining the limb anteriorly, and a webbing strap above the knee. There was no customary leather strap surrounding the splint and the ankle, because the lower part of the leg was absent. Although the stump was flexed in walking there was no possibility of ankylosis interfering with the subsequent use of an artificial leg, because the knee was free from inflammation, which necessarily preceded ankylosis. The apparatus was easily provided with a joint at the level of the knee, and this was desirable in convalescent hip disease, if the limb was so long as to be inconvenient if constantly extended.

OSTEOTOMY FOR INVERSION IN CLUB FOOT.

Dr. Townsend, at the request of Dr. V. P. Gibney, presented a girl 5 years of age whose feet had been treated by Phelps' operation, by braces and by building up the outer side of her shoes. On February 16,

1897, to correct inversion, subcutaneous osteotomy of both tibiae had been performed, and also right achillotomy. The lower fragments of the tibia were rotated outward and the limbs put in plaster of Paris. The inversion had been entirely corrected. Mr. R. L. Swan, of Dublin, who had described this operation, after an experience in the treatment of 20 patients with good results, had said that rotation of the limb as the result of equinovarus, and which persists after the latter is corrected, is due to trouble below the knee; that when these patients walk and attempt to toe out they throw the entire limb out by rotation of the thigh, and that the gait is awkward. The toeing-in is due to the fact that the entire leg is rotated in and the external malleolus is too far forward. To overcome this he divides the tibiae only, rotating and bringing outward the lower fragment, thus placing the internal malleolus further forward as regards its relation with the external malleolus.

Dr. Judson said that for the prevention of inversion he relied on the thorough correction of the equinovarus. If this was done the child would avoid toeing in, either unconsciously or later from pride.

Dr. Whitman said that division of the bones of the leg was a very old operation for the correction of intoeing of club foot.

Dr. Townsend said that Mr. Swan divided only the tibia and was very careful not to divide the fibula.

Dr. Taylor had noticed that the feet in the case shown had not been fully corrected before the operation. The child walked very well now and

the result was very good, but it seemed uncertain that this condition would prove permanent. He believed that the persistence of inversion in many of these patients was due to incomplete correction of the deformity.

CALCANEO-VALGUS WITH SUBLUXATION OF THE ASTRAGALUS.

Dr. Taylor presented a baby affected with congenital calcaneo-valgus, with a very unusual degree of dislocation, or subluxation forward of the astragalus. The heel was unduly prominent. The astragalus was displaced forward, while the fibula was behind its normal position. Treatment had been gradual reduction and plaster of Paris fixation.

COXA VARA.

Dr. Whitman presented a boy 16 years of age affected with bending of the neck of the femur of about 12 months' duration. He walked with a limp and eversion of the foot. The elevation and prominence of the trochanter were increased by flexion. Limitation of abduction, actual shortening of one-half an inch, with marked apparent shortening from habitual adduction were all present. The treatment would be by removing the weight of the body from the weak femur by the use of a perineal crutch, massage, forcible stretching of the adductors and, if necessary, subtrochanteric osteotomy. Bending of the neck of the femur was not due to general rickets or the rickets of adolescence, of which there were cases on record. There was, however, a weakness of adolescence which, under favorable conditions, caused this and similar deformities.



Editorial

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THE PROPAGATOR OF PAUPERISM.

In the Forum for June is an article by Dr. George F. Shrady, entitled "The Dispensary a Propagator of Pauperism." The subject is ably treated from every point of view, and some of the facts narrated will come as a revelation to many citizens of New York who interest themselves in social affairs. Dr. Shrady says: "It may be broadly stated, as the result of exhaustive statistical study, that fully 50 per cent. of the patients who apply for free medical aid are totally undeserving of that charity. The main fault lies with the managers. In New York alone there are 116 dispensaries, each one of which is vying with the other in propagating the worst form of pauperism. It would appear that charity is monopolized in the same way as any other marketable commodity that is ruled by money. The millionaire philanthropists stand in the same

relation to the medical profession as did the camel to the Arab when his beast asked the privilege of poking his nose into his master's tent; when the camel finally occupied it there was no room for the owner, and he was forced to vacate accordingly. Several striking instances are given in this article illustrating the deceptions to which rich persons will stoop to cheat charity and the medical man. We quote the most bare-faced case as told by a dispensary physician: "A wretchedly clad woman presented herself to me at the dispensary and asked for treatment. She gave a name which I afterward found was assumed. She was badly in need of attention and said she could not pay. I believed her and agreed to treat her. It was an interesting case and she consented to appear before the class of 50 or 60 practitioners. One day after she had

been before the class several times and treated I was driving with my wife in Central Park. We were passed by a magnificent team and carriage, spanking horses, nobby coachman and footman and glittering harness. In the carriage was a lady whose features were familiar, but I could not remember where I had seen her. That same day my charity patient presented herself attired as usual in the poorest clothes. I recognized her as the lady of the fine turnout. I said nothing, as I thought I would investigate. A few days later I saw the same carriage in front of a fashionable shop and got a good view of my patient

as she alighted. When she next came to the dispensary I asked her for her real name. She gave me her assumed dispensary one. I told her she was deceiving me, and she finally disclosed her identity. She was the wife of a man known all over the city as a millionaire. I sent a bill to her husband and it was paid without a word." The suggestion is made that the control of dispensaries should be vested in a State Board of Charity, which should be granted ample powers to regulate their management, and without doubt at the next session of the Legislature another bill will be introduced.

RESECTION OF THE STERNUM.

Professor W. W. Keen, of the Jefferson Medical College, Philadelphia, has published in the Medical and Surgical Reporter two cases in which the sternum was partially resected on account of tumors. The first patient was a woman 44 years of age, whose left breast, together with several enlarged axillary glands and the fascia over the pectoral muscles, was removed for carcinoma in March, 1892. The muscles themselves did not seem to be involved and were left. The patient made a prompt recovery. In January, 1894, the sternum showed a slight bulging at the junction of the manubrium and gladiolus, and in the following month a small nodule was discovered in the right breast. In March, 1894, the sternal tumor had increased very much in size, and as the sternum, the cartilages of the second and third ribs and the intercostal muscle between them all seemed to be involved, both the cartilages and also the intercostal tissues were removed down to the pleura. The internal mammary artery was divided and secured by a curved needle passing through the

thinned wall of the pleural cavity. A considerable portion (about 1 inch by one and one-half inch) of both the manubrium and the gladiolus was then removed by the double rongeur forceps until apparently healthy bone was reached. The right breast was also removed, together with a layer of the pectoral muscle and all of its fascia, and the right axilla was cleaned out. The patient recovered from the operation, but the disease returned, and she died in the following August. The second patient was a woman, 28 years of age, in whom the tumor commenced in the beginning of 1895. In November, 1895, it covered the end of the right clavicle and the upper left portion of the manubrium, and there were two small nodules over the end of the right sterno-mastoid. It was diagnosed as sarcoma. The operation commenced with the removal of the lower third of the sterno-mastoid, together with all the diseased tissues in front of the sternum and clavicle. The inner third of the right clavicle and one inch of the inner end of the first rib were then removed, the manubrium was separ-

ated with the finger from the tissues of the mediastinum and divided just to the left of its right border and horizontally just above the joint between it and the gladiolus. The patient was discharged from hospital in January, 1896. No return has occurred after more than 15 months and her general health is now excel-

lent. Portions of the sternum have frequently been removed for fracture, especially gunshot fracture, but Professor Keen has only been able to collect 17 other cases in which the entire thickness of the bone was resected for tumor, not including superficial resections for such conditions as exostosis.

It is with great regret that we have learned of the deaths recently of two prominent members of the medical profession in New York. Dr. J. Lewis Smith, the well-known authority on diseases of children, died on the 9th of June, and Dr. William Lusk, the professor of midwifery at Bellevue College, on the following Sunday.

We have received the illustrated catalogue of the J. Ellwood Lee Company, Conshohocken, Pa., containing price list of hospital and physicians' supplies, which is very complete. A copy will be mailed physicians free on application to the firm.





TREATMENT OF NEURITIS.

Little if any distinction appears to be made between neuritis and neuralgia in many of the observations upon the electrical treatment of these conditions. If one is a functional alteration and the other an inflammatory process it is obvious that some difference in the management of treatment is required.

Exact directions for the treatment of a case of neuritis can hardly be stated in advance of seeing the patient for treatment depends upon the condition of the affected part and not upon the name of the disease. In acute neuritis Gray has advised waiting until there is a relative cessation of pain with some improvement in tactile sensation (third or fourth week) and then commencing the experimental use of a mild galvanic current. He says: "I have seen some cases that would be markedly benefited by only from one-half to one milliampere passed through the limb for about a minute, and in which acute pain would be lit up by the passage of two or three mil. for several minutes. My rule is to begin with small doses and to give short sittings while I observe the effect of the current. If the result is to extend the pain I withhold the electrical treatment for two or three weeks more, but if this is not observed I very gradually increase the current so that at the end of a week

the patient will be taking one milli-ampere for a period of three or four minutes. Seldom have I found it necessary to exceed a current of three mil. and a sitting of three minutes until the patient was well on to convalescence.

"In my opinion small electrodes which impinge directly on the nerve are not only unnecessary but harmful. The nerve is often so sensitive that such an application will hurt it, but if you put a broad electrode above the nerve and a large electrode below it and cautiously pass the current you will get the best results. After the treatment has been found to be well borne by the patient one can resort to the use of a very mild faradic current."

Others disagree entirely and believe that they have never seen any benefit result from treating neuritis with galvanism. The pain is relieved for a short time, but returns with a little greater aggravation and an increase of congestion. On this subject, however, Delamater makes the following remarks: "In my experience where inflammatory products are present we must resort to means other than electricity to bring about absorption. The current, to be sure, may be used as an adjuvant in some of these cases, but great care must be exercised or damage will result. In this class of cases the uninter-

rupted galvanic current should be used. The electrodes should be first firmly placed in such a position as to cause the current to pass through the entire inflamed portion of the nerve trunk and from the peripheral terminal toward the centre. Having done this the current may be turned on very gradually until you reach from 8 to 20 mil.; then allow this current to flow from two to five minutes. Repeat daily. Do not use an interrupted current of any kind on these cases.

In the simple, acute cases without exudation activity always increases blood supply, while inactivity tends to reduce blood supply. Therefore an absolutely essential element in the treatment of neuritis by any means is rest. Were I restricted to one prescription for this disease I would unhesitating select rest.

"The galvano-cautery may be used to advantage in these cases by drawing a cautery pencil very lightly over the cutaneous surface along the course of the affected nerve, making a burn sufficient to produce mild counter-irritation. However, if the inflammation is quite active a blister is better. In this class of cases strap or bandage the limb to prevent muscle action, leave bare a surface above and below the inflamed portion on which to apply electrodes, place the positive pole at the peripheral and the negative at the central end and give a treatment daily. The current should be mild, steady and continuous and the application not over five minutes. The progress is always slow. The daily treatment may be continued for from two to four weeks with lessening frequency for two or three months.

"The case of neuritis that is cured in less than six months is indeed a mild one. Many cases require steady treatment for one or two years. In cases of chronic neuritis after the inflammation has entirely subsided and there still exists malnutrition and either contracted or partly paralyzed muscles, the faradic current should be used for the purpose of stimulating nutrition, restoring natural contractability and overcoming abnormal contractions."

Whenever in the treatment of an

inflammatory condition sedation is required we can now obtain it very effectually by means of the rapidly interrupted high tension induction coil current, or what is practically the same current from the small leyden jars. This current produces a much more noticeable effect in the acute stage than does the galvanic current of any amperage. To restore the function of sensory nerves I know of nothing equal to the use of fine needle-like static sparks rapidly showered over the area of anesthesia. Whenever benefit may be derived from counter-irritation I prefer to produce the counter-irritation by static friction rather than a blister for the cautery. To restore the functions of paralyzed muscles all interrupted currents may be useful to a greater or less degree. When atrophy is marked the interrupted galvanic current is usually the first to employ.

In a descending neuritis affecting the lower extremity the different parts of the limb may require entirely different treatment during the first two months of the disease, and while one part may have passed into the stage when muscular contractions are indicated, another part may be demanding sedation. It is rather curious that so little clinical information appears in text books upon the subject of neuritis and its treatment by electricity. It is probable that in many cases in practice the irregular and often obstinate course of this disease has not been taken into account and physicians have considered electricity a failure because it has not given satisfactory and permanent relief in a short time. It is also probable that a great many cases have been treated by methods incorrectly employed and by currents of improper character and quality. If in any obstinate case in which plastic exudation has taken place relief is not obtained it may be possible that the nerve is imbedded in the tissues and requires to be released before the curative treatment can take effect. In the treatment of neuritis there is an excellent opportunity for diagnostic skill and electro-therapeutic ingenuity.

Clinical Medicine.

In charge of DR. J. J. MORRISSEY.

EXAMINATION OF THE BLOOD IN PNEUMONIA.

BY J. J. MORRISSEY, M. D.,
New York.

Hans Kohen, the result of whose researches has been published in the *Deut. Med. Woch.*, has been conducting bacteriological examinations of the blood in a number of diseases, and the outcome of his investigations is certainly, particularly with reference to pneumonia, very instructive. He employed Sittman's method in which, with all the usual precautions, 5 c. cm. of blood is obtained with a sterilized syringe from the veins of the arm, 1 c. cm. of blood is mixed with nutrient agar previously made fluid and the whole poured into a dish. The investigations were made in several diseases, but for the sake of brevity we will confine ourselves to pneumonia. In 18 out of 32 cases of acute pneumonia no colonies of streptococci developed, and all these patients recovered. In seven cases the pneumococcus was found, and all these were fatal. In three other cases positive results were obtained, but these patients recovered. Three further cases positive results were obtained, but these patients recovered. Three further cases proved fatal, but no micro-organisms developed from the blood. Twice the results were again negative, but death was due here to a staphylococcus empyema. In one of three fatal cases without micro-organisms the patient was an old man and a drunkard; in another influenza bacilli were found in the lung, and in the third there was nothing special to note. Thus in by

far the greatest number of cases which recovered the cultivation experiments were negative, whereas in the large majority of fatal cases the pneumococcus was found in the blood. The colonies varied from two to 200. The positive results were obtained 24 to 49 hours before death. The presence of the pneumococcus in the blood is therefore a sign of unfavorable import, and these results are a confirmation of what has been found by other observers. Thus in a certain number of cases of pneumonia the severity of the disease is due to a complicating sepsis, namely a pneumococcus sepsis. To the other possible causes of death sepsis must be added. It is possible that the cardiac failure is due to the action of toxins which may even act more powerfully when the micro-organisms are present in the blood. Until a specific (bacteriological) treatment is discovered efforts must be made to get rid of the micro-organisms from the blood by diuresis, etc. The administration of large quantities of fluid may however, further embarrass an already overburdened heart.

It may not be a far-fetched conclusion to derive from the preceding that the application of cold baths in pneumonia are a powerful factor in antagonizing the disintegrating effects of excessive hyperpyrexia, in which the micro-organisms appear to more abundantly thrive. We look for almost a stasis of the circulation in the internal organs, and the liver and intestines in particular being greatly impaired in their functions the bacilli pursue their ravages with unexcelled severity. The action of

the cold applications in stimulating the peripheral circulation and relieving the internal congestion, aside from its decided beneficial effect upon the nervous system, may have much to do with dissipating the concentration of the micro-organisms.

A fertile field of great utility is open to the investigating student in the bacteriological examination of the blood independently of what has been accomplished in the past.

A CLINICAL NOTE.

Oxygen has been advocated in the treatment of chlorosis, and apparently with beneficial effects. A vitiated atmosphere certainly will be prejudicial to the otherwise good effects of iron when given in chlorosis, and there is every reason to believe that the assimilation of oxygen by the impoverished tissues should possess remarkable power in toning up the system. As an illustration of the detrimental result of ordinary house gas in opposing the otherwise good effect of Bland's pill in chlorosis we wish to cite the following case: The patient was a female, 18 years old, domestic, of apparently rugged constitution, who until three months previously had enjoyed excellent health. She had been living in her present place of employment about six months, and during the summer her health was exceptionally good. Occasionally she was troubled with a slight headache on arising, which she attributed to indigestion. She had noticed that with the approach of winter her cephalalgia had become progressively intensified, and there was a marked tendency to vomiting in the morning. During the day the headache diminished considerably, but at all times she was oppressed with a sensation as if there was an iron "hand around the head." She presented every indication of an intensely chlorotic condition, and had the marked circulatory symptoms accompanying that disease. Amenorrhea was present and had declared itself some three months previously. The first suspicion that naturally arose in my mind was that the girl was pregnant, but I soon convinced myself of my error. I treated the case as one of chlorosis pure and simple, and so ordered iron

in Bland's pill, with suitable modifications of the diet, and directions as to exercise. She returned in two weeks, but with no marked signs of improvement, scarcely any in fact that were observable. She was advised to continue the treatment and report in a month. She did so without any improvement in her condition. A short time before I had been called upon to treat a fatal case of gas poisoning, and on closely questioning the girl I found that now and then she detected a slight odor of gas in her room, more marked in the winter months, since at night the windows were closed. I told her to inform her mistress of my suspicions, namely that she was suffering from an insidious form of gas poisoning. She did so, a plumber was sent for, who discovered the leakage. This was rectified. In the course of a few days the headaches disappeared, her system responded to the effects of the iron, rapid improvement followed, menstruation re-established itself and eventually an absolute cure was effected.

It is interesting to note (1) that in summer, when there was free circulation in the chamber night and day, scarcely any perceptible effect arose from the presence of gas, and (2) in the fall and winter, when the bedroom was almost hermetically closed to outside air, the symptoms became more pronounced; (3) when the cause was removed the rapid response to treatment was immediately demonstrated.

In this connection it will be interesting to note the effect of gas of an impure character, and the principal part of the gas used for illuminating purposes can be classed under that head, upon the circulatory system. Pneumonia often follows as a sequence of gas poisoning, not perhaps to the direct effect of the carbon monoxide, but rather to the depressed condition of the cells of the respiratory tract, which permit of feeble resistance to the encroachment of the pneumonic organisms, always more or less present in the human system.

Haldane, whose researches in this line of inquiry have been followed with fruitful results, has shown,

first, that carbon monoxide, apart from its action upon hemoglobin, is a physiologically inert gas, and that the symptoms it gives rise to are not due to any positive action upon the tissues, but simply to its negative action in depriving them of its oxygen (and here we might mention in passing that it was undoubtedly due to this cause that such a marked inhibitory effect was exercised over the combination of iron administered in the case cited above. The iron had no effect in regenerating the modified condition of the corpuscular elements of the blood, and consequently the chlorotic symptoms persisted, despite the administration of 30 grains of Bland per diem); secondly, that the stability of carboxyhemoglobin is in inverse proportion to the tension of the oxygen in the alveoli. These two propositions being established the whole aspect of these cases is changed; we put a different interpretation upon these symptoms, and we approach their treatment with more confidence and with some pretensions to scientific exactitude.

Further, Haldane has introduced a colorimetric method for estimating the percentage saturation of blood with carbon monoxide, and he has proved by his experiments (3) that symptoms are in direct proportion to the amount of carbon monoxide absorbed by the hemoglobin. This being so, even at the present time, an examination of the blood will enable us to form an opinion as to whether we may expect serious consequences or not, and eventually, after a series of cases has been recorded, it will prove a fairly accurate guide, not only as to the ultimate prognosis, but also as to the sequelae we may anticipate, and as a consequence the treatment we should adopt.

To those who wish to pursue the subject further we recommend the *British Medical Journal*, Oct. 3, 1896, to which we are indebted for many of the observations made above.

1. *Journal of Physiology*, Vol. xviii, p. 450.
2. *Journal of Physiology*, Vol. xviii, p. 462.
3. *Journal of Physiology*, Vol. xviii.



Current Medical Literature.

CHRONIC GASTRITIS.

Professor H. T. Webster, M. D., of San Francisco, in a recent publication, discusses chronic gastritis and its treatment. After a careful resume of the etiology and pathology of the affection, and an enumeration of the symptoms attending it, he says, in speaking of the diagnosis:

"The use of the stomach-tube will afford the best means of diagnosis. If siphonage be practiced an hour or so after eating, hydrochloric acid will usually be absent, and lactic acid, associated with fatty acids, are present with a large quantity of mucus. If siphonage be practiced seven hours after eating, undigested food will be found still remaining in the stomach, while in cases of functional dyspepsia it will have disappeared. Malignant disease will be excluded by lack of cachexia, absence of perceptible tumor upon palpation, and by the character of the material vomited, coffee ground material soon appearing in cancer. In gastric ulcer, a diagnostic feature is frequent hematemesis."

He believes that if a proper diet be pursued and rational medicinal treatment be employed, almost every case of chronic gastritis will improve readily, unless it be complicated by gastric carcinoma, gastric ulcer, or hepatic, renal, or pulmonary disease. His treatment consists in lavage, disinfection and cleansing of the viscus with hydrozone. Lavage should be practiced every morning before eating, a small quantity of water (a pint) being used at first, which should be increased to two or three quarts as the treatment is carried on. The water should be warm (98.6 degrees F.) and solutions containing Glauber's salt, asepsin or boracic acid are often useful. Regarding the use of hydrozone in this affection, he says:

"The introduction of hydrozone as a remedy in this condition was an

innovation of remarkable value. A drachm of Marchand's hydrozone, added to four ounces of boiled water, and drunk while the stomach is empty, exerts a powerful influence in dissolving and removing the tenacious mucus, destroying microbic elements of fermentation and stimulating normal action in the diseased mucous surface. The best results follow its use in the morning before breakfast, the patient taking it while in bed, and remaining on the left side for ten minutes before rising. It may be taken oftener, but once a day may suffice, and it is advantageously used in this manner after the practice of lavage.

The hydrozone may at first produce acrid sensations in the stomach, but as the irritated gastric surface improves in tone under its influence this will pass away and sensitiveness to its action will subside. Where necessary the amount of hydrozone may be reduced until the stomach becomes more tolerant to it.

The important step in chronic gastric catarrh, as in catarrh of all other mucous cavities, is the cleansing of the part from the ropy mucus, which clogs the glandular organs and serves as a nidus for the operation of agents of fermentation. Glycozone in teaspoonful doses, diluted with water, administered after meals, prevents fermentation of food and accelerates a cure.

If the treatment outlined above be properly carried out, the writer believes that little more is necessary, for, with the removal of morbid accumulations, the gastric secretions will become normal in quantity and quality. Hydrochloric acid, administered internally, may in some cases do good, as also the bitter tonics, but their place is secondary to the use of the stomach tube and the disinfection of the mucous membrane of the stomach with hydrozone.

—New England Medical Monthly.

A FURTHER COMMUNICATION CONCERNING EUCAINE B.

BY DR. P. SILEX,

Lecturer and First Assistant at the University Ophthalmological Clinic at Berlin.

(From the University Clinic and Polyclinic for Diseases of the Eye, Berlin.)

The number of the favorable reports upon Eucaïne A during the last few months have been very great. Disadvantageous features have rarely been noticed. Amongst the latest laudatory reports we may mention those of Vollert (1), Best (2) and Winterfeld (3); and they, perhaps, would not have appeared if these investigators had not used such concentrated solutions of the drug. It is possible also that the purity of the Eucaïne A may not have been above cavil. I believe this latter to be the case for the following reasons:

Dr. Vinci entered the polyclinic of Geheimrath, Professor Schweigger, about a year ago, and, with his permission, entered, in conjunction with myself, upon the investigations, which included observations upon eyes affected with the most varied diseases. My independent investigations enabled me to inform him that Eucaïne A was very useful and fully equal to cocaine. A solution that I received from elsewhere later, and which was labeled "Eucaïne A," I was compelled to reject, for it caused severe pain in the lids and great reddening of the conjunctiva. This fact is mentioned in my article (4). I am somewhat at odds with Dr. Vinci as to the explanation of the phenomena observed with him.

The same care and zeal was observed in both sets of cases and the clinical material was not different, and I therefore conclude that the solutions of Eucaïne A were not alike, that one of them was, perhaps, not free from acids or other impurities. Dr. Vinci is certainly right when he reports that the results obtained at the clinic were good ones. And I do not attempt to deny the occurrence of the unpleasant phenomena that appeared after the employment of the solution that we were using later. I am now in a position to

report further good results with Eucaïne B. For the last two and a half months it has been used by Professor Schweigger in eye operations of the most varied kinds, including 49 senile cataracts, and with perfect satisfaction.

The anesthetic was complete, the vascular injection moderate. Corneal opacities did not appear, but it is important not to make the instillation too long before the time of operation. Four drops are sufficient, instilled five minutes before commencing work. Repeated and lengthy instillations of the 2 per cent. solution that is usually employed cause a considerable injection of the conjunctival vessels, and on section of the conjunctiva the abnormal hemorrhage may interfere with our sight of the field of operation. It is not yet decided whether the hyperemia exercises any favorable influence upon the healing of the wound. Mellinger attributes to the cocaine anemia an unfavorable effect in this respect.

When for any reason it becomes necessary to anesthetize the iris, which cannot be effected by the instillation of either cocaine or eucaïne into the conjunctival sac, a few drops of the eucaïne solution must be injected into the anterior chamber with a broad-mouthed pipette after the corneal section has been made. In two minutes at the latest thereafter the iris is anesthetic, a fact of which I have fully convinced myself by experimentation upon two rabbits, as well as in the case of one man affected with cataract. I shall not expatiate upon the other ocular phenomena occasioned by Eucaïne B, as I have nothing new to report thereon. I shall only remark that in squint operations its action was really marvelous, and that in this field cocaine is not to be compared with it.

(1) Munch. Med. Wochenschrift, 1896, No. 22.

(2) Deutsche Med. Wochenschrift, 1896, No. 36.

(3) Munch. Med. Wochenschrift, 1896, Dec. 22.

(4) Deutsche Med. Wochenschrift, 1897, No. 6.

—Therapeutische Monatshefte, Berlin, June, 1897.

Current Surgical Literature.

T. H. MANLEY, M. D., New York, Editor.

ABSTRACT OF AN ADDRESS ON THE PROGRESS OF SURGERY AND THE TREATMENT OF SIMPLE FRACTURES.

BY A. PIERCE GOULD, M. S.,
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Surgeon to the Middlesex Hospital.

Full success is only attained when the surgeon first reduces the displacement and then secures the part in his splint. The cases in which we fail and which give us the most anxiety are just those where we are unable to do this. Into the details of splints and bandages I cannot enter. Nothing is better than a well-fitting Croft's splint, and the more nearly any other splint approaches to the effect this gives the better it succeeds. Nor will I take up your time with any words on the value of passive motion, frictions, and careful use of the limb as soon as the union is strong enough to withstand the strain thus thrown upon the particular bone. For I want, in conclusion, to discuss what part operative interference may play in the treatment of fractures. Should we, or should we not, extend to fractures the same development of surgery that we have step by step extended to other injuries and diseases? Thus stated the question contains its own answer. Let us, first of all, be quite clear as to what operation can do for simple fractures: (1) It can exactly replace fragments in their proper position, and (2) it can mechanically fix them until the natural process of ossification is complete. In old ununited fractures it, in addition, opens up again the medulla from which the plastic callus is

formed. Now, at the outset we ought to bear in mind one or two very grave considerations: (1) It goes without saying that such an operation must only be undertaken under conditions insuring an aseptic wound. If a simple fracture is ever transformed by the surgeon into a compound fracture it must be done only when all the special evils attaching to compound fractures can be absolutely excluded, (2) the exact fitting together of the fragments may be exceedingly difficult. All fractures are not like transverse fractures of the patella; many, indeed, are worse to piece together than any Chinese puzzle; (3) and even then the difficulties are not at an end, for our surgical means of holding fragments together are imperfect and in some cases very difficult to apply; (4) in fact, except in such cases as the patella or in uncomplicated oblique fractures of the tibia these operations are of extreme physical difficulty and, like matrimony, are "not to be enterprised nor taken in hand unadvisedly, lightly or wantonly."

My own conviction is that with due care and perseverance, particularly with the aid of an anesthetic, the cases in which the surgeon is unable to do his duty by exact replacement and fixation of the fragments are very few. But in those few cases I think it is incumbent upon the surgeon to put to himself the question whether the difficulties he meets with can with reasonable certainty be overcome by an operation. If they can and he has all the requisite means at command it is his duty to operate. He must be prepared to meet with considerable dif-

faculties, and he must act with a clear and full recognition of his responsibilities. I would not for one moment advocate a general or a frequent employment of operations for simple fractures. Such a practice I hold to be needless, dangerous and ill-advised. But, on the other hand, I am prepared to contend that when other means fail to give us that result for which we should always strive, and which our patients ought to demand of us, a serious responsibility is laid upon us if we withhold from them the aid an operation may afford. I admit that here I am not on very firm ground, although I anticipate that in the future this position will in the main be generally held; but I am on quite solid ground when I plead for the general adoption of a higher standard of excellence in the repair of simple fractures and to this end urge the free use of anesthesia and the most patient and careful efforts in their setting.

—The Lancet.

AN EXCELLENT APPLICATION IN CASES OF ERYSIPELAS.

BY DR. L. B. PARSELL,
Closter, N. J.

Having used Aristol quite extensively as a substitute for iodoform in surgical dressing, it seems to me to possess all the advantages of the latter without its disagreeable odor. When dusted lightly over the margins of the wound after the stitches have been applied, it forms with the serum a thin antiseptic film under which healing rapidly takes place.

Dissolved in collodion in the proportion of 20 grains to the ounce it is a favorite local application with me in cases of facial erysipelas. It should be applied freely with a large camel's hair pencil over and a little beyond the inflamed area, and should be renewed as it scales off. Employed in this manner it relieves the intense burning pain, lessens the hardness of the tissues, and seems to limit the spread of the disease.

THE PRODUCTION OF ASEPSIS IN ACUTELY SEPTIC WOUNDS BY THE FREE APPLICATION OF PURE CARBOLIC ACID.

BY A. ERNEST MAYLARD, M. B.
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Glasgow.

The following brief extracts of cases show the great potency of pure carbolic, when freely applied, of rendering rapidly aseptic all the parts of an acutely septic wound. In some of these cases the septic process was that of acute traumatic gangrene, and some ounces of pure acid were brushed over the raw and freely exposed surfaces. In each instance in which it was employed improvement set in immediately after the application.

Case 1. Extensive laceration of foot by railway accident; amputation; traumatic gangrene; free application of pure carbolic acid; cessation of septic process; cure.—A. B., aged 35 years, was admitted into the Victoria Infirmary in March, 1897. His foot had been badly smashed by a railway accident. The foot was amputated, but the stump became attacked with typical acute traumatic gangrene. The question became one of reamputation or a trial of carbolic acid. The latter method was selected, the whole wound exposed and the acid freely applied. Improvement was noticed the next day. The acid was applied daily for about a week until all smell had disappeared, all inflammation checked and healthy granulations were seen to be springing up. As soon as the stump was quite aseptic sufficient bone was removed to enable proper flaps to be formed.

In this case the man's great pain subsided, and all constitutional symptoms at once disappeared on the first application of the acid. No anesthetic was needed for applying the acid. The result of checking the septic process was to allow more of the limb being saved than would have been possible if reamputation had had to have been performed for the traumatic gangrene.

Case 2. Extensive tuberculosis of hip-point; acute suppuration; ampu-

tation of hip; acute inflammation and sloughing of wound; free application of pure carbolic acid; cessation of septic process; cure.—A girl aged 15 years, practically eaten up with tuberculosis and possessing little or no recuperative power, was admitted into the Victoria Infirmary in January, 1897. The hip joint had been excised some weeks previously; a large, acute abscess had formed in front of the thigh. The child's condition became such as to render it advisable to amputate at the hip joint. The anterior flap contained part of the lining wall of the large septic abscess. Transfusion of saline solution was performed immediately after the operation; the pulse and general condition greatly improved. Notwithstanding stuffing and dressing the large wound became actively septic and the girl was very ill. Secondary hemorrhage was feared, for considerable-sized sloughs were separating and the discharge was very fetid. The wound was freely opened up and every part of it copiously swabbed with pure carbolic. The following day showed much improvement both locally and generally. In less than a week the whole septic process was stopped; healthy granulations were seen springing up everywhere, the patient eating and sleeping well, with a normal temperature.

In this case matters looked as bad as they well could, and a nurse was in constant attendance for fear of secondary hemorrhage. In one of the dressings, after the wound had become practically aseptic and was healing rapidly, we discovered a part of the femoral artery with the ligature attached to it, which had almost separated. The artery itself, however, was well covered over with healthy granulations. It is therefore beyond doubt that had we not checked promptly the septic action we should have had secondary hemorrhage.

Case 3. Extensive laceration of foot; acute traumatic gangrene; free application of pure carbolic acid; immediate cessation of septic process; cure.—A boy, aged 2 1/4 years, was admitted into the Victoria Infirmary suffering from an extensive

lacerated wound of the foot, with dislocation of the internal cuneiform. The case was first seen by my assistant colleague, Dr. Grant Andrew, who replaced the bone, cleansed the wound and dressed antiseptically. In the course of a few days, however, sloughing set in, with acute inflammation and much fetor of the discharge. It was considered necessary to amputate. An attempt, however, was first made with pure carbolic acid freely applied to every part. Marked improvement at once set in, and the boy left the hospital with a serviceable foot.

The satisfactory progress which at once set in in this case after the first application of the acid was very striking. Every effort had been made by a prolonged submersion in antiseptic solutions to render the parts aseptic, but without avail, and amputation was urgent if the inflammation had not been stopped by the acid.

Case 4. Extensive laceration of forearm and hand; amputation; acute gangrene of stump; free application of pure carbolic acid; immediate cessation of septic process; cure.—A man, aged 27, was admitted to the Victoria Infirmary, having received an extensive lacerated wound of the soft part of the forearm and hand. An endeavor was made by carefully cleansing and dressing to save the parts. Amputation had, however, to be performed at the junction of the middle and upper thirds of the forearm. The stump became attacked with acute traumatic gangrene. The flaps were opened out and pure carbolic acid applied freely to every part. The septic process at once ceased, the temperature fell, and in the course of a few days the wound became quite healthy, and a good stump without further operation resulted.

In this case the man, on the morning following that on which the application had been made, told us he had slept well, had been free from pain and felt hungry. His temperature had fallen from 102.8 degrees F. to 99.4 degrees. Nothing could have been more striking than the comparison of the man's condition,

both locally and generally, before and after the application.

I could add other cases to those briefly narrated above to show how powerful is the germicidal effect (for such I believe to be the action) of pure carbolic acid in all kinds of acute septic cases, whether these be of the nature of acute abscesses or acute gangrene, or of septic inflammatory processes connected with malignant disease. There appears

to be no pain connected with the application of the acid except so far as is entailed in the mechanical manipulation of the wound and its surfaces. When sloughs exist these should be practically soaked in the acid. On the living tissues the acid appears to have no deleterious effect. If allowed, however, to run over the skin it excoriates and causes pain.

—British Medical Journal, May 12, 97.



Current Literature in Obstetrics and Gynecology.

PREVENTIVE PLUGGING IN ABDOMINAL SURGERY.

Lauenstein insists on the practical value of temporary preventive plugging with sterilized gauze in operations on the hollow viscera of the abdomen. He would, in a case of laparotomy for perforating gastric ulcer for instance, after exposure of the stomach and removal by irrigation of its contents, plug the fistulous opening by a long strip of gauze passed into the stomach. He would then apply the sutures in a loose row, and on tying these one by one, would gradually remove the gauze. The discharge of any fluid remaining in the stomach during the application of the sutures or the separation of adhesions, may thus be avoided. This method is also strongly recommended in operations for gangrenous hernia, for cholelithiasis and fistula of the gall bladder, for cancer of the rectum and for perforating wound and rupture of the intestine and urinary bladder. The author points out, however, that in resection of the intestine plugging is not to be practiced independently of temporary compression of the divided intestinal segments by ligature or clamp. The introduction of a long piece of gauze is particularly useful in preventing the flow of urine into the peritoneal cavity during the closure by sutures of an intraperitoneal rent in the bladder.

—Centralb. f. Chir., No. 24, 1897.

DIABETES MELLITUS IN A YOUNG CHILD.

L. Rosenberg reports the case of a female child, aged 2 1-2 years, who had for eight weeks had much thirst, and had become greatly emaciated. Analysis showed the presence of sugar in the urine. She was a first child and had been breast-

fed for seven months; thereafter she had had ordinary infant's food and no sweets. She had measles when 11 months old, varicella at 1 1-2 years, and had for six weeks taken phosphorous and cod liver oil for rickets. Her parents were healthy, and there was no family history of diabetes. She had a bilateral congenital dislocation of the hip and slight signs of rickets. The tongue was dry, the breath had no aromatic odor and the skin was somewhat harsh. The heart and lungs were normal, the teeth were good and there were no signs of disease in the nervous system. The urine, light yellow in color, had a specific gravity of 1029, contained no albumen, 5.2 per cent. of sugar and much acetone. Two litres was the daily quantity passed. Some slight improvement has followed the use of the ordinary antidiabetic remedies.

—Wien. Med. Presse, No. 20, 1897.

FACE PRESENTATIONS.

P. Dreyer emphasizes the difficulties met with in malrotated face cases. When the chin is to the front no other treatment than that employed in vortex cases will be needed, but when the chin is posterior one should leave the case to nature till after complete or nearly complete dilatation of the os externum and rupture of the membranes, one recognizes that in spite of good pains the chin does not in an hour or two pass into the pelvic cavity. If, then, there are signs of danger in the lower uterine segment, and if the fetal heart beats are diminishing in number and becoming irregular, the time has come for changing the presentation by "redressment." This treatment the author prefers to version, even when immediate delivery is necessary, and he follows it at

once by the use of forceps. He thinks there is less danger in applying forceps to the occiput in its high position than in trying version when the lower uterine segment is much distended.

—Norsk Mag. for Laegevidensk, No. 3, 1897.

HABITUAL ABORTION.

Charpentier dwells on distinct local conditions in otherwise healthy women free from syphilis, lead-poisoning and other general disorders. First, he traces abortion to ill-developed uterus; in the infantile type, with its long neck and short body, the muscular coat does not readily soften, yet remains very irritable, contracting and expelling the fetus about the third month. This condition is rare, but may be readily defined. Next come displacements, and especially flexions. Charpentier insists that the spur at the angle of flexion hypertrophies, and greatly interferes with uterine development. Replacement of the uterus in its normal axis will in many cases allow gestation to continue to term. The third cause of habitual abortion is congestion of the body and cervix, due to idiosyncracies. General or local bleeding may prevent abortion. Corporeal or cervical endometritis is a very common cause of abortion. The use of the curette to the pregnant cervix has undoubtedly allowed pregnancy to proceed to term in many instances where the patient would have miscarried without such treatment. In short, the curette prevents instead of provokes abortion in these cases. Lefour applies intrauterine stems to the uterus of a non-pregnant woman who has suffered from habitual abortion, as he finds that such treatment overcomes the individual intolerance of the uterus and makes it bear the presence of an ovum.

—Ann. de Gynec. et d'Obstet., May, 1897.

PUERPERAL INFECTION AND ABSCESS OF THE LUNG.

Chambrelent showed at a recent meeting of the Obstetrical Society of Bordeaux the results of a necropsy of a woman who had died in puer-

perium. She was about 22 years of age, and had been prematurely delivered at the eighth month of a dead and putrefied fetus weighing 2750 grammes. She had a rigor the next day, entailing douching of the uterus. She did not improve and curettage was had recourse to. This brought away some putrefied fragments. There was improvement for a day and a half, followed by a return of the high temperature and the development of a severe pain in the lower intercostal spaces on the left side. The uterus was washed out twice daily, but the temperature remained high. Signs of pneumonia were now detected, and later those of pulmonary abscess. The patient died on the twenty-sixth day of the puerperium, and at the necropsy a large pulmonary abscess was found, but nothing abnormal in the uterus or peritoneum. Chambrelent regards the abscess as due to a septic pulmonary embolus coming from the putrefied fetus and placenta.

—Journ. de Med. de Bordeaux, April 4, 1897.

POST-PARTUM HEMORRHAGE FROM A LACERATION IN THE VESTIBULO-CLITORIDIAN REGION.

Audebert describes a case of spontaneous delivery followed by hemorrhage from the vestibulo-clitoridian region. The patient was a primipara, 19 years of age, with a normal pelvis. The head presented in the R. O. P. position, and the second stage of labor lasted one hour. There was some difficulty in the birth of the shoulders. After the labor was over an irregular laceration passing obliquely downward and to the right was noticed between the clitoris and the meatus urinarius; it was separated from the vulvar orifice by quite 1 cm. of healthy mucous membrane. Free hemorrhage took place from it till it was arrested by the introduction of three catgut sutures. This was a primary laceration and was not occasioned by the extension of a tear of the vulvar ring. Audebert dwells on the importance of immediate suture in such cases.

—Journ. de Med. de Bordeaux, No. 24, 1897.

Therapeutical Progress.

INFANT FEEDING.

In an instructive paper on the ever-interesting subject of infant feeding Dr. A. T. Cuzner (Alkaloid Clinic) sums up the difficulties that stand in the way of cow's milk being a perfect substitute for breast milk, as follows: First, we have too large a percentage of casein in cow's milk (4 per cent.), while that of woman is but 1; second, if to reduce this large percentage of casein we dilute with water we are apt to overtax the child's digestive apparatus. On the other hand, if we can find some nitrogenous food substance to add in addition to water that will, as it were, dilute the casein, yet increase the nutritive value of the milk and not be a source of trouble to the child's digestive system, we will have done much to solve the problem. As a food product adapted for this purpose Dr. Cuzner looks with much favor upon Somatose, a preparation consisting of the albumoses of meat in an easily assimilable form, which is perfectly soluble in water or milk. Under the microscope with a power of 500 diameters nothing is seen but some air bubbles, the mixture being semi-transparent. Having tested this preparation chemically he indorses the observations of Dr. H. Wolf, whose experiments, made at the clinic of Professor Monti, of Vienna, have also demonstrated the value of Somatose as an addition to cow's milk, both as rendering it more digestible and nutritious.

DISINFECTION BY VAPOR OF PHENOLS.

In a thesis for the medical degree of the Victoria University Dr. J. Mountford Johnson, of the Owens College, Manchester, narrates certain experiments he has made to ascertain the values of the vapors of the carbolic acid group as germi-

cides. "No. 5 carbolic" is said by the makers to consist almost entirely of cresylic acid, there being but a small percentage of phenol present. Dr. Johnson found that the vapor of 12 ounces acting for 16 hours in a room of 1500 cubic feet capacity did not kill staphylococcus, bacillus coli communis, anthrax spores or the bacillus of cholera. There was only inhibitory action. The bacillus of typhoid was the only one killed. The vapor of izaral he found too heavy for disinfecting purposes in this way. In the "strength of eight ounces to 1500 cubic feet there is not sufficient penetration to even inhibit growth." The vapor deposits on glass as a fine film. When 12 ounces of cresol (commercially pure) were evaporated in a room of 1500 cubic feet the vapor was generally sufficient to destroy a six days' growth of the bacillus coli communis, the cholera bacillus, and a five days' agar culture of typhoid, but sporing anthrax on silk threads grew more abundantly than the control. Absolute phenol vapor had an advantage over izaral or "No. 5" in its greater diffusibility and penetrating power. It even killed germs of such resistance as staphylococci and streptococci when wrapped in an envelope of filter paper. It killed other microbes exposed to the vapor with four failures out of 33 pieces of inoculated material employed. In three of the four the failure was evidently due to an accident of position. Dr. Johnson considers "that the vapor of absolute phenol in a strength of 0.64 per cent. is a reliable germicide for the majority of these microbes when exposed to its action in an ordinary room for 16 hours," but recommends a working strength of 1 per cent.; that is, the evaporation of 12 ounces for every 1000 cubic feet. The thesis also deals with the experiments of other observers on

these and other vapors, and details Professor Delepine's method of disinfecting walls by nascent chlorine obtained from bleaching powder. We are glad that the youngest of our Universities is encouraging original research on the part of its graduates. We learn from other sources that a considerable amount of sanitary assistance is being given to the health officers by professors of the Colleges affiliated to this University, not only in Manchester, where Professor Delepine has been working along with Dr. Nevin at the tuberculosis question, but also in Liverpool, where the subject of tuberculous milk is obtaining serious attention, and in Leeds, where for a couple of years Professor Trevelyan has been doing good work in the bacterial diagnosis of diphtheria.

—Lancet.

THE LOCAL APPLICATION OF SALICYLATE OF METHYL IN RHEUMATISM.

Lemoine reported to the Soc. Med. des Hopitaux the results of treating nine cases of rheumatism by the external application of salicylate of methyl according to the method of Linossier and Lannois (see *Epitome*, September, 1896, par. 270). He finds that thus applied it acts in acute articular rheumatism more rapidly in relieving pain than salicylate of soda given internally, and in doses of 154 to 185 gr. causes neither vertigo, deafness nor tinnitus. It is excreted in the urine as salicylic acid, the amount eliminated being equal to one-tenth of that used externally. The required quantity of oil of wintergreen, which contains 90 per cent. of methyl salicylate, is poured on a compress, covered with gutta percha tissue, and kept in place with a bandage. It is best to apply it directly to the painful part, but if this is inconvenient it should be applied to the surface of a limb, the good results being chiefly due to its absorption into the general circulation. In the discussion which followed Siredey stated that the treatment in his hands had been equally successful against the lightning pains of locomotor ataxy, and the pain of

Pott's disease. He, however, found that 20 to 30 drops of the methyl salicylate was a sufficiently large amount to use. He had met with one case of intolerance in a woman with acute gouty arthritis, who after 50 drops had headache and tinnitus. Linossier said that this was the only case he had heard of, and the method had the great advantage of avoiding such complications, which were probably of gastric origin.

—Sem. Med., May 12, 1897.

A NEW THROAT SPRAY.

Dr. H. L. Armstrong, surgeon to the Manhattan Hospital, recommends the following prescription as almost a specific in acute inflammation of the upper air passages, both of the traumatic and nervous varieties:

R.—Eucaingr. x
Cocain, mur.gr. x
Aq.oz. vi
M. Sig.—Spray every hour in the nose sufficient to be felt in the throat.

If the patient is taught to inhale while using this spray, so that the solution may be carried well within the larynx, it is far more beneficial than it otherwise would be. The advantage of this combination is that, whilst cocaine is a valuable remedy of itself, the danger has been the liability of the patient to become addicted to its use. By the combination of eucain, which is a thorough local anesthetic in the nose, the nervous excitability produced by cocaine will not be developed, thereby making the prescription perfectly safe, as nobody will contract the cocaine habit by using this combination.

—New York Medical Journ., April, 1897.

CLUB FOOT.

In infants who have not walked on a congenital equino-varus the deformity can be easily cured by manipulation by correcting first the varus and later the equinus, and holding the foot in plaster of Paris dressing after each manipulation until over-correction is obtained. The child should then wear a retention apparatus for a year after it has learned to walk.

—Taylor, Maryland Medical Journal



Miscellany.

NARCOTIC POISON.

Dr. G. A. Gibson calls attention to the treatment of narcotic poison by employing strychnine to avert the paralyzing action of such drugs on the medullary centres. Toxic doses of narcotic poisons cause death by paralyzing the respiratory centre. For the past three years Dr. Gibson has used strychnine hypodermically in those cases of narcotic poisoning where there was any irregularity or interruption of the breathing threatening central respiratory failure. A more regular rhythm, together with greater depth of the respirations and increased rate, almost immediately shows the action of the drug. Dr. Gibson considers that two things often used in the treatment of poisoning by narcotics should be studiously avoided, viz.: (1) Making the patient walk and flogging him to keep him awake, and (2) the use of alcoholic stimulants. The former tends to exhaust the vital powers, the latter aid the action of the narcotics. He recommends that (1) the patient be kept in the horizontal position, (2) the respiration be carefully watched, and, on the least sign of irregularity, shallowness or inequality in the breathing, sulphate of strychnine be injected in doses of 1-150 to 1-50 (according to the age of the patient), the injection being, if necessary, repeated at intervals of an hour two or three times; (3) should the respiration, in spite of the strychnine, become worse or cease, artificial respiration should be promptly started; (4) strychnine may be used as a stimulant to the cardiac motor centres, aided by ammonia

or ether; (5) should there be any spasm of the arterioles, nitrite of amyl must be used.

—Med. Times and Hospital Gazette.

DILATATION OF THE STOMACH.

PROFESSOR W. ABRASZOW.
Wratch, 1897, No. 1.

It is known that dilatation of the stomach is in most cases a secondary condition, following either a constriction of the pylorus or at the beginning of the duodenum. Author names this form "hypertonic." In a few cases dilatation of the stomach is due to an abnormal yielding of the stomach coats, following a congenital or acquired (long-standing disease of the stomach, severe illness, anemia, etc.) weakness of the muscularity of the stomach—atonic form. Finally the long continuance of ingesting rich foods and drinks may lead to a dilatation of the stomach. The significance of all these causes is varied; while the development of a dilatation of the stomach is a rule in cases where the passing of the food from the stomach to the duodenum is mechanically hindered, it is only exceptional occurrence in atony of the stomach. In the ingestion of such foods and drinks we have to deal more with a megolgastric than a dilatation. The safest results in an objective examination are obtained by inspection and palpation, thereby the border of the dilated and filled up stomach can be best felt through the abdominal wall. The knowledge of the size of the stomach and the location of its lower border is of great importance, since many diseases may be so excluded.

The therapeutic measures in dilatation of the stomach is lavage. By it alone many cases of dilatation of the stomach were cured. When the dilatation is due to stenosis of the pylorus—operative interference.

THE TREATMENT OF CHLOROSIS.

Romberg (Berl. klin. Woch., July 5, 1897) concludes his papers on chlorosis by remarks upon treatment. He observes that every-day observation shows that iron cures chlorosis. He has seen five cases in which other treatment, continued from one and one-half to four weeks, produced no improvement. The author has treated cases with "carniferrin," saccharated carbonate of iron, and also with ferratin. Carniferrin contains 30 per cent. of iron in as firm combination as in hemoglobin. Romberg contends that we are no longer able to speak of absorbable and non-absorbable preparations of iron. The iron leaves the intestine in a micro-chemical form, but it remains to be shown how it is converted into the iron of the blood. The mode of absorption of the various preparations of iron is the same, but it is possible that one preparation may be absorbed in larger quantities than another. It was not proved that the more stable combination of iron in carniferrin was better absorbed than the looser one in the saccharated carbonate of iron. It is only necessary to give small doses of carniferrin. This agent was given in doses of 0.6 gr., the carbonate of iron in 1.8 gr., and ferratin in 3 gr. doses. The results obtained were much the same. Fifty cases treated with carniferrin showed a percentage of 64 cured, the average duration of treatment being 30.3 days. About 64 per cent. of 47 cases treated with the carbonate recovered in an average of 22 days. Six out of 12 cases treated with ferratin were cured in an average of 27.1 days. If all the cases are added together the average duration of treatment was 26.5 days, and the average increase of hemoglobin in 10 days was 9.9 per cent., and of the red cells 430,645. Leaving out the

cases treated by ferratin as too small in number, the agreement between the results obtained by the two other preparations was striking. The author has never observed any gastric disturbance produced by the treatment. The agents were given in powder after meals. One preparation did not prevent relapse any more than another. Those treated as out-patients did not recover as rapidly as those in the hospital. The severe cases improve much more quickly than the slight ones. The hemoglobin steadily increased in a regular fashion, whereas the behavior of the red cells was more variable. No rule can be laid down in regard to the red cells.

CHELIDONIUM MAJUS IN CANCER OF THE UTERUS.

Winter and Schmitt (Centralbl. f. Gynak., No. 27, 1897) made use of Denissenko's treatment of cancer in 14 cases of uterine carcinoma. They employed the watery extract of chelidonium majus as a subcutaneous injection applied to several points in the abdomen once a week. In no case was there the least improvement, but in several the infiltration seemed to extend with unusual rapidity, and ulceration advanced with greater speed than before. Denissenko claims that the drug lessens the rapid disintegration of tissue, and even brings about encapsulation. No such improvement was seen in any of Winter and Schmitt's cases. In three instances, they admit, hemorrhage was checked. In all the general health was unfavorably influenced, deteriorating far more rapidly than in untreated cases of cancer too far advanced for surgery. The injections caused severe pain. Winter and Schmitt conclude that chelidonium should be rejected as a drug for cancer.

AIROL IN DIARRHEA.

Venuti and Barbagallo (Gazz. degli Osped. e delle Clin., May 30, 1897) give the results of the administration of airoi in 11 cases of diarrhea. The dose given varied from 20 cg. to 90 cg. in the 24 hours. No

ill effects were noted, even when given for several days. Good results were speedily obtained in indigestion diarrheas. Each case is briefly reported. On the whole the results were decidedly good.

CALOMEL INJECTIONS IN LUPUS.

Scarenzio (Gazz. Medica Lombarda, April 19, 1897) reports three cases of lupus successfully treated with injections of calomel. The first case was that of a man aged 24, with lupus of the face, of seven years' duration. Admitted into hospital in January, 1896, the parts were freely scraped, and some improvement followed. On readmission in November, 1896, the usual remedies were tried without effect; on January 27 10 cgr. of calomel were injected deeply into the buttock. The local reaction was rather strong, so that the patient was obliged to go to bed. Four days after the injection there was well-marked improvement. Twenty days later another injection (of five cgr.) was given. The patient left the hospital on February 21, much better in every way. The improvement—when seen later—was maintained. Similar results were obtained in two other cases recorded.

FEEDING IN INHERITED SYPHILIS.

Troisfontaines (Journ. de Med., March 25, 1897) draws attention to the extreme importance of feeding with sterilized milk in cases of inherited specific disease, more particularly in those cases in which birth takes place before the term. In these cases the child is often of extremely diminutive weight, and the author quotes a case recently under his own observation in which on the twenty-fifth day after birth the child only weighed 750 g. There had been repeated attacks of pemphigoid bullae on the soles of the

feet and lower limbs. The child was treated with Van Swieten's fluid, 20 minims being given in the 24 hours. The limbs were enveloped in wadding, and the diet consisted of sterilized cow's milk, the child having been weaned shortly after birth. About 18 g. of fluid, consisting of two-thirds sterilized milk and one-third water, were given nine to ten times in the day. By six months old he had almost gained average weight, and had had only two slight attacks of intestinal catarrh. At 2 1-2 years old he weighed 13 1-2 kg., and, with the exception of somewhat large and prominent forehead, there was no other morbid appearance, the teeth being well developed and normally situated. The author quotes other cases of a somewhat similar nature, all going to show the great importance of this method of rearing the child.

CHLOROSIS.

Biernacki (Wien med. Woch., No. 8, 1897) discusses the diagnosis of chlorosis, which is often difficult, as none of the symptoms can be considered pathognomonic. Much stress has been laid on the color of the skin, and this has generally been supposed to be due to deficiency of hemoglobin, but this the writer has found to be incorrect, for with the appearance of profound anemia there is often only the slightest chemical change in the blood, while with no apparent anemia the change may be profound. The color of the skin does not necessarily depend on the amount of hemoglobin present; there are other coloring matters in the blood of which little is known at present, and it is to these that the color of the skin is due in chlorosis. Many of the symptoms—for example, dyspnea, headache, etc.—have been attributed to deficiency of oxygen consequent on the deficiency of hemoglobin, but deficiency of hemoglobin does not necessarily diminish the amount of oxygen present, for it has been shown that there may be even more oxygen than normal in such blood.

The writer considers that great stress is to be laid on the clear appearance of chlorotic blood, and it is to this clearness, due to some anomaly of the blood pigments, in which hemoglobin plays little or no part, that the color of the skin is due. The color of the skin, however, is not essential to the diagnosis of chlorosis, which may exist with healthy-colored cheeks; in woman at the climacteric symptoms are sometimes seen exactly like those of chlorosis, with the exception of the color. The most constant change in the blood in chlorosis is hydremia—that is, deficiency of albuminous bodies, and although the prognosis of chlorosis cannot at present be determined by examination of the blood, the writer fancies that cases with profound hydremia get well more quickly than those with only slight hydremia.

PRIMARY STERILITY AND GONORRHEA.

Vedeler (Centralbl. f. Gynak., No. 26, 1897) investigated 310 sterile women, and found that undoubtedly gonorrhea is the most frequent cause of sterility. The average years of marriage in the series were three, the minimum one complete, whilst 72 of the women had been married over 10 years. Vedeler succeeded in examining 50 of the husbands, and found that 38 had had gonorrhea and 34 had infected their wives. He calculates that at this rate 235 of the 310 husbands probably had had that disease, and that about 210 must have infected their wives. Lest this calculation should seem fanciful Vedeler investigated 198 of the women where the health of the

husband could not be satisfactorily determined, and found that they had suffered from local inflammatory changes, just as in the case of the 34 whose husbands had undoubtedly infected them.

CHAPPED HANDS.

The following is the formula of an ointment which is said to be useful for chapped hands:

R.—Menthol 1 part.
Salol 2 parts.
Olive oil 2 parts.
Wool fat 60 parts.

To be applied to the hands twice a day—night and morning.

—Practitioner.

PALATABLE CASTOR OIL.

A palatable emulsion of castor oil may be prepared as follows:

R.—Powdered acacia.....dr. iv
Castor oilfl. oz. j.
Elixir of saccharinmxx.
Oil of almonds (bitter).....mj.
Oil of cloves.....mj.
Distilled water, to make.....fl. oz. ij.

Dissolve the gum in sufficient water and add the oil gradually; lastly add the flavoring.

Glycosin, saccharin and dulcin are all soluble to some extent in castor oil, and are serviceable for imparting a sweet and pleasant flavor, masking to some extent the disagreeable taste of the oil.

—Practitioner.

The Laryngoscope, published in St. Louis, has been selected as the official organ, for the year 1897, of the Laryngological Section of the New York Academy of Medicine.

This selection, and the great probability of the same journal being chosen by other Laryngological, Rhinological and Otological Societies as their official organ, would indicate that The Laryngoscope has become what its proprietors stated they intended to make it, i. e., The American Journal of Record for the specialties represented.

ATONIC DYSPEPSIA IN CHILDREN.

Comby (Medicine Moderne) gives the following prescription for atonic

dyspepsia in children:

Tincture of Nux Vomica....m. xv.
Tincture of Calumba.
Tincture of Gentianaa dr. ss.

M. Five to ten drops of this mixture may be given after each meal to a child aged from 5 to 10 years.

Should the child at any time during the administration of strychnine seem to be suffering from the excessive effects of the drug, the stomach should be washed out and narcotics, such as chloral and bromide of potassium with inhalations of chloroform or ether, resorted to.

—London Practitioner.

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